

Please provide details of a parent/guardian that we can contact in case of an emergency:

Name (please print)					
Relationship to child					
Contact numbers:	Home		Mobile		Work
Address (if different)					
Email address					

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Parent/ Guardian signature:

Signed:..... Date.....

Parent/guardian declaration

By signing and returning this form, I agree to (Child's name) taking part in the general activities of the club. He/she has agreed to follow the junior rules of the club, and I agree to accept the code of conduct for parents (see website).

To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form. I understand that in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact me, and to deal with the situation appropriately.

I understand that I must inform the club of any changes to the information provided on this form.

Signed:.....(parent/ guardian) Date:.....

Name:.....(Please print)

**Please return to
Alistair Gibson
40 Springbank Gardens
Dunblane
FK15 9JY**

Tel 01786 823803